

**"FEE ADDRESS" INDICATION FORM**

Address to:  
Commissioner for Patents  
**Mail Stop M Correspondence**  
P.O. Box 1450  
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- OR -

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with the following customer number:



Customer Number

**23117***Type Customer Number here***OR**

Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
6,953,583	10/088,004

(check one)



Applicant/Inventor



Attorney or Agent of record

25,327

(Reg. No.)



Assignee of record of the entire interest. See 37  
C.F.R. § 3.71. Statement under 37 C.F.R. § 3.73(b)  
is enclosed. (Form PTO/SB/96)

  
Signature
8-12-10

Arthur R. Crawford

Typed or printed name

703-816-4006

Requester's telephone number



Assignment recorded at Reel

Frame

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.\*

\*Total of 1 form/s are submitted.